Implementing Recovery Practices in MHICMs and Other Programs

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What is ACT?

- **Assertive Community Treatment (ACT)** is a team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness such as schizophrenia.
- The ACT model of care evolved out of the work of Arnold Marx, M.D., Leonard Stein, and Mary Ann Test, Ph.D., in the late 1960s.
- An ACT team is composed of professionals with various backgrounds and training, including psychology, social work, rehabilitation, counseling, nursing, and psychiatry.
- ACT teams provide services such as case management, initial and ongoing assessments, psychiatric services, employment and housing assistance, family support and education, substance abuse services, and other services and supports critical to an individual's ability to live successfully in the community
- **ACT services are available 24 hours per day, 365 days per year.**

Persons Served by ACT

- Individuals with serious and persistent mental illness or personality disorders, with severe functional impairments, who have avoided or not responded well to traditional outpatient mental health care and psychiatric rehabilitation services.
- Often have coexisting problems such as homelessness, substance abuse problems, or involvement with the judicial system.

ACT's Success

- ACT is one of the most heavily researched treatment modalities for people with serious mental illness, recently recommended as a state of the art intervention by the Schizophrenia Patient Outcomes Research Team (PORT) study.
- It has proven both clinically and cost effective.
- The ACT model has been widely implemented in the United States, Canada, and England.

Principles of ACT

- **Primary Provider of Services (Intensity of Contact)**
- **Services Are Provided Out of Office (Flexibility)**
- **Highly Individualized Services**
- **Assertive Approach**
- **Rehabilitation Focus**
- **Emphasis on Vocational Expectations**

Principles of ACT (cont.)

- **Community Integration**
- **Family Support and Education**
- **Psychoeducational Services**
- **Substance Abuse Services**
- **Attention to Health Care Needs**
- **Long-Term Services (Fixed Point of Clinical Responsibility)**

MHICM

Mental Health Intensive Case Management (**MHICM**) is the VA's implementation of ACT.

By following ACT principles, MHICM teams seek to deliver services that:

- Provide intensive, flexible community support
- Improve health status (reduce psychiatric symptoms & substance abuse)
- Reduce psychiatric inpatient hospital use and dependency
- Improve community adjustment, functioning, and quality of life
- Enhance satisfaction with services
- Reduce treatment costs

MHICM's Success

- MHICM programs serve veterans with severe, long-standing disabilities
- MHICM staff provide frequent, continuous services in the community
- MHICM veterans show substantial reductions in inpatient costs
- MHICM veterans show significant improvements in symptoms, functioning, quality of life, and satisfaction after six months in the program.

The Bedford MHICM

- Serves one of the highest proportions of **dual diagnosis veterans** among all the MHICMs and the veterans with the **fewest financial supports**.
- In addition, services cost significantly less when compared to all other MHICMs, both in terms of cost per visit and in terms of cost per patient. (NEPEC, FY2003)

Measure	Site Average Score	Bedford MHICM	Direction of Difference
Receipt of Disability (compensation or pension)	94.3	79.7	The Lowest in the System
Number of dual diagnosis	22.2	54.2	One of the Highest In the System
Vets Discharged	12.90%	25.30%	Higher
List cost per Veteran	$7,073	$6,075	Lower
Cost per Visit	$118	$48	One of the Lowest in the System

Treatment-Outcome Information

Measure	Site Average Score	Bedford MHICM	Direction of Difference
Psychiatric Rating Scale Percent Change	-11.69%	-22.61%	Much Higher
Percent of Quality of Life Change	9.79%	16.24%	Higher
Percent Change in Symptom Severity Index	-9.96%	-18.17%	Much Higher
Instrumental Activities of Daily Living Pre-entry vs. follow-up Percent Change	2.39%	5.38%	Much Higher
Client-rated Therapeutic Alliance Percentage Change (Pre-entry vs. follow-up)	10.24%	17.10%	Much Higher

Note: Percent change is measured from entry to 6 months unless otherwise specified.

Therapeutic Services Provided

Measure	Site Average Score	Bedford MHICM	Direction of Difference
Supportive Contact	96.5%	95.7%	About the same
Psychotherapy	80.8%	93.9%	Higher
Social/Recreational Activities	64.5%	67.5%	Higher
Crisis Intervention	69.0%	77.2%	Higher
Medication Management	82.3%	82.7%	About the same
Medical Screening	74.3%	78.1%	Higher
Seen for Substance Abuse	31.5%	75.5%	One of the highest in the System
Housing Support	49.6%	59.6%	Higher
Vocational Support	20.2%	34.2%	Higher
Average Face to Face per Week	1.35	2.43	Higher
Average Telephone Contact per Week	4.01	9.07	Higher

MHICM Quality Management Plan

The following indicators were utilized in monitoring various aspects of care provided by the Bedford MHICM:

- **Efficiency Indicator – Referral Report**
  - 80% of MHICM admissions resulted from daily screenings
- **Customer Satisfaction Indicator – Veteran Satisfaction Survey**
  - On a scale of 1 to 5 the average score was 4.6
- **Efficiency Indicator – Chart Review**
  - 24.7% of records showed some deficiencies, all of which were corrected within 48 hours

MHICM Quality Management Plan (cont'd.)

The following indicators were utilized in monitoring various aspects of care provided by the Bedford MHICM:

- **Effectiveness Indicator – Rehospitalization Report**
  - From its inception until February 2004, the Bedford MHICM helped "avoid" 29,840.53 inpatient days at an estimated cost avoidance of $15,364,865.52
- **Customer Satisfaction Indicator – Significant Others Satisfaction Survey**
  - On a scale of 1 to 5 the average score was 4.77
- **Efficiency Indicator – Timeliness of First Psychiatric Visit**
  - 80.9% of the veterans admitted in FY 2003 were seen by a psychiatrist within 30 days of MHICM admission

What is Empowerment?

- Empower, v. *(American Heritage Dictionary, 4th Edition)*
  - To invest with power, especially legal power or official authority.
  - To equip or supply with an ability; enable
- Empowerment, n.
  - The right of self-determination including participation in all decisions that affect their lives (Pratt, Gill, Barrett, Roberts. *Psychiatric Rehabilitation*. p. 95).
  - Recently defined in the literature as being composed of three elements: self-esteem and self-efficacy combined with optimism and a sense of control over the future, possession of actual power, and righteous anger and community activism (Pratt, Gill, Barrett, Roberts. *Psychiatric Rehabilitation*. p. 288).

Empowerment

- Power to affect your life and your treatment
- Respect and equal treatment in the community

Empowerment

How does the veterans' power manifest itself in a Program?

Power to Shape the Program

- Participation in Advisory Board (overseeing function)
- Affect treatments offered
- Affect hours of operation
- Affect choice of treaters
  - Choice of clinicians
  - Involved in the hiring process

Power to Shape the Program (cont.)

- Encouraged to bring up controversial subjects
- Choice over meals provided
- Power over money collected independently and its use
- Active partners in research

Power Over Treatment

- Treatment plans
- **Own** goals
- **Own** means
- Respect and acknowledgement of one's own point of view

Power to Shape the Program (cont.)

- Powers over decision making process by participation in:
  - Staff meetings
  - Treatment planning meetings
  - Research meetings
  - Quality Assurance meetings
    - Determining what should be examined
    - Designing veteran satisfaction surveys, etc.

More Traditional Ways of Input

- Suggestion boxes
- Satisfaction surveys
- Community meetings
- Veteran government

Respect **and** Social Equality **in the Community Arena**

- Choice of name to be known by
- No separate bathrooms, kitchens, or group rooms
- Camaraderie during outings and other community events
- Cooking food, making contributions
- Helping each other – volunteering

Special Collaborative Projects

- Peer Education Grants
- NAMI (National Alliance for the Mentally Ill)
- Veterans Educating Staff Program
- Veterans Educating Students Program

Vets Working With Vets

- Vet to Vet Program
- Vets Visiting Vets
- Vets Organizing Social Activities

Training the Next Generation of Mental Health Professionals

- Teaching students and being taught by them
- Education by vets to staff and students
- Community-based Educational Programs in Psychology

Special Challenges in Implementation

- Rigid Systems
- Boundaries

Boundaries – Where should the line be drawn?

- Traditional vs. ACT Models
- Disclosure
- Sex
- Educational Material

Summary: Meeting the Challenge

- Continuing discussion and interchange at all levels
- Vets take two steps forward, staff take one step back
- Veterans are involved as equal partners in:
  - Student Programs
  - Research
  - Administration
  - Quality Assurance
  - Outcome Measurement